

IFV /

In re Application

Inventors:
Appl. No.:

Miller, et al. 10/828,755

Confirm. No.: 5339

Filed:

April 21, 2004

Title: INTELLIGENT PROBE CARD ARCHITECTURE

PATENT APPLICATION

Art Unit:

2829

Examiner:

Nguyen, Jimmy

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>July</u>

22, 2005.

(Xhomas)

_(Attorney Signature)

Thomas A. Ward, Reg. 35,732 Signature Date: July 22, 2005

REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

A Reply under 37 C.F.R. §1.111 to the Office Action dated March 22, 2005.

Drawings (2 sheets [4 figs.]) with proposed amendments; 2 sheets (4 figs.) of drawings with red marks.

A Petition for One Month Extension of Time under 37 C.F.R. §1.136.

A fee of \$520.00 is required with this communication (see calculation below).

FEES	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate Small Entity/Other Than Small Entity		Total
TOTAL CLAIMS (37 CFR 1.16(c))	*-	35_**	0	X X	\$ 25.00 \$ 50.00	\$0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	_10*-	<u>8</u> ***	2	x x	\$ 100.00 \$ 200.00	\$400.00
	•				TOTAL	\$400.00

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

A fee of \$520.00 is required with this communication. An additional \$400 is due for the two extra claims and \$120 for the cost of one month extension of time. However, should the Commissioner find any deficiencies or over payment the Commissioner is hereby authorized to charge any deficiencies and refund any over payment to Deposit Account No. 06-1325.

Respectfully submitted,

Date: 7/22/05

Thomas A Ward Reg 35 737

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taw/fact/1005us0/1005us0.106

^{**} If the "Highest Number of Previously Paid For" in this space is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".